

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155124		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/30/2011	
NAME OF PROVIDER OR SUPPLIER  VERMILLION CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1705 S MAIN ST CLINTON, IN47842			
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F0000	<p>This visit was for the Investigation of Complaint IN00094925.</p> <p>Complaint IN00094925-Substantiated, federal/state deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: August 29 &amp; 30, 2011.</p> <p>Facility number: 000052 Provider number: 155124 AIM number: 100290340</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 100 Total: 100</p> <p>Census payor type: Medicare: 6 Medicaid: 75 Other: 19 Total: 100</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September</p>			F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=D	<p>2, 2011 by Bev Faulkner, RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to have assistive devices in place for a resident with a fall history to prevent further falls/accidents for 1 of 3 residents reviewed for falls in a sample of 3. [Resident #B]</p> <p>Findings include:</p> <p>Resident #B's closed clinical record was reviewed on 08/30/11 at</p>			F0323	<p>1. Resident #B suffered no actual harm.2. Residents ,who are at risk for falls, have the potential to be affected. See below for corrective action.3. The policy and procedure for Fall Prevention was reviewed and no changes were indicated at this time. All nursing staff were inserviced on the Fall Prevention Policy and Procedure on 9/2/11. (See Attachment A) The Director of Nursing or her designee will audit all new resident admissions and re-admissions within 24-48 hours of admission. Residents with a history of falls prior to admission will be assessed for risk factors which may require the use of an alarmed device. Chart audits will be completed with every new admission. (See Attachment B)4. Results of the chart audits will be reviewed in the Quarterly Quality Assurance meeting.5. The above corrective actions will be completed by 9/14/11</p>		09/14/2011

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	9:30 a.m., and indicated the resident was admitted to the facility originally on 06/21/10 and re-admitted on 07/19/11 and most recent re-admission on 08/08/11 with diagnoses which included, but were not limited to, fall, end stage chronic obstructive pulmonary disease, coronary arteriosclerosis, cardiovascular disease, diabetes, Stage III chronic kidney disease, azotemia, chronic ischemic heart disease, coronary artery disease, angina, congestive heart						

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	failure, cardiomegaly, supraventricular tachycardia, neuropathy, Clostridium difficile [c-diff], urinary tract infection [uti], long term urinary catheter, dissociative and somatoform disorder, insomnia, anxiety, weakness, loss of ambulation, and dementia. The resident's closed clinical record indicated she was a do not resuscitate resident and did not want CPR performed as a life-saving measure.						

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	Hospital records with last admit date of 08/04/11, indicated the resident was brought to the emergency room from home with a history of tachycardia and falling. The resident had been under the care of Hospice and when trying to stand at home with assistance became very weak and was eased to the floor. The resident cannot walk, her legs are very weak and she complained of pain in the tailbone. At the hospital she was found to have tachycardia of						

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	136 and also a history of chronic obstructive pulmonary disease. The resident was also found during hospitalization to have an urinary tract infection and c-diff. The resident was discharged back to the nursing home on 08/08/11 with final diagnoses of Clostridium difficile gastroenteritis with severe diarrhea, tachycardia, chronic urinary tract infection with long-term urinary catheterization, loss of ambulation, coronary artery disease, history of chronic obstructive						

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	<p>pulmonary disease, and cardiomegaly.</p> <p>The hospital records indicated the resident had been in failing health for the past several years, was basically non-ambulatory, and was total care at home since she could not feed herself. Her caregiver could no longer provide her with the care she needed so she was placed in the nursing home. The records indicated she complained of chronic headache, x-ray showed</p>						

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	<p>cardiomegaly and chronic interstitial changes, the resident had severe tachycardia, diarrhea, weakness and inability to walk. Lungs had decreased breath sounds, deep basilar rales, and some fecal impaction.</p> <p>The resident's closed clinical record indicated a facility's Fall Risk Assessment, dated 08/08/11, which indicated a history of falls, use of assistive devices, confusion at times, weakness,</p>						



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	<p>unsteady gait, poor vision/blind (glasses), non compliance issues (refuses neb treatments, refuses to eat at times), use of narcotics, hypnotics, anti-hypertensives, hypoglycemics, diuretics, and benzodiazepines which all made the resident a fall risk.</p> <p>The resident's initial care plan, dated 08/08/11, indicated a problem of "The resident is @ [at] risk for falls R/T [related to] weakness, end stage</p>						

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	<p>COPD [chronic obstructive pulmonary disease] c [with] sob [shortness of breath] upon minimal exertion." The interventions included, assess &amp; monitor gait, call light within reach, provide adequate lighting, assure proper non-skid footwear, keep walkway clutter free, physical therapy evaluation, and occupational evaluation.</p> <p>Another care plan, dated 08/08/11, with problem of "The resident has multiple risk factors for</p>						

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	falls, such as: Dementia, hx [history] of falls, weakness, use of assistive devices, confusion @ x's [times], weakness, unsteady gait, poor vision (Rx [prescription] glasses worn), non-compliance issues, use of narcotics, use of hypnotics, SOB, use of antihypertensives, use of hypoglycemics, use of diuretics, use of benzodiazepines, related: anxiety, hx of falls, end stage COPD, IDDM HTN, ASCVD, Cardiomegaly, Azotemia, Chronic						

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	<p>Kidney Disease Stage III, obesity, neuropathy, tachycardia, Loss of ambulation."</p> <p>Interventions included to provide adequate lighting, ensure pathways are clutter free, resident to utilize footwear with non-skid soles, monitor the resident frequently when the call light is not available (i.e. dining room, activities, etc.), complete fall risk assessment upon admission, and at least quarterly thereafter,</p>						

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	monitor vital signs as indicated, notify physician and responsibility if a fall occurs, implement appropriate interventions to reduce risk for falls: (list interventions and date initiated), physical therapy evaluation 8/8/11, occupational therapy evaluation 8/8/11, 1/2 head of bed safety rails up times 2, 8/8/11, up in wheelchair as tolerated 8/12/11, Physical Therapy 5 times weekly times 6 weeks, Treatment to include therapeutic exercises,						

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	<p>therapeutic activities, NWR [neuro muscular re-education], and gait training, 8/8/11, Occupational Therapy 5 x weekly x 30 days. treatment may include activities of daily living, therapeutic-exercises, thera-activity.</p> <p>Resident #B's Social Service Progress Notes, dated 08/10/11 at 10 a.m., indicated the resident had been asking to go home today. The resident told Social Service she didn't have anyone to care for her</p>						

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	<p>and that all her children wanted her to stay at the nursing home and none of her children were able to take care of her, also her husband was so deaf he could not hear her when she needed help. The resident stated she wanted to go home and asked if the doctor would let her go home. The Social Service Director indicated she would let the doctor know as soon as he came in that day.</p> <p>Social Service Progress Notes, dated 08/08/11 at</p>						

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	2 p.m., indicated the doctor came to the facility and the above information was given to him. The doctor stated the resident could not go home until she had someone to care for her at all times. The doctor stated she is dying, has severe end stage COPD, and she cannot care for herself, she was not able to do anything, she's dying, her family can't care for her, and she needed to be somewhere for 24 hour care. The doctor explained the family tried to care for						



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	her and tried to walk her at home when she went down due to severe weakness. The Social Service Director explained the resident does not attempt to do anything for herself, the facility even has to move her arms. The doctor explained before the resident could go home they would have to come up with a plan for 24 hour care. The doctor indicated the resident had been on and off of Hospice several times, she's non-compliant, and non-accepting/unrealistic						

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	<p>about her diagnoses, and not doing well. The Social Service Director talked to the resident about why she could not go home at this time and the resident voiced understanding, but wanted to talk to her son the next time he came up about living with him once she got a little stronger.</p> <p>Resident Progress Notes, dated 08/12/11, indicated the resident continued to eat and drink poorly. The notes indicated the resident gags when they</p>						

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	<p>try to feed her food. The notes indicated the resident was total care and was doing nothing for herself except sitting in her recliner. The notes indicated the resident was on 5 liter of oxygen per nasal cannula.</p> <p>Resident Progress Notes, dated 08/12/11 at 3:30 p.m., indicated the nurse was called to the resident's room as the resident was exhibiting a decrease in level of consciousness, oxygen sats were 82%, blood</p>						

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	<p>pressure was 90/62, pulse 120, respirations 20, and temperature was 98.9. The resident's eyes opened to verbal stimuli, but the resident did not respond verbally. A nebulizer treatment was given and the oxygen sats went up to 91%. The doctor was paged. At 4 p.m., the doctor returned the page and gave new orders for Clysis infusion into the fatty tissue/injection of fluid into the body other that orally] of LR [Lactated Ringers] with 5% Dextrose at 84</p>						

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	<p>cc/hr., clear liquid diet for 24 hours, comfort foods only, hold insulin, if blood sugar more than 200, give 5 units of Novolog.</p> <p>The Resident Progress Notes, dated 08/12/11 at 4:30 p.m., indicated the infusion was started in the left abdomen without difficulty.</p> <p>Resident Progress Notes, dated 08/12/11 at 9:45 p.m., indicated the resident was alert to verbal stimuli, but still not responding verbally;</p>						

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NAME OF PROVIDER OR SUPPLIER  VERMILLION CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1705 S MAIN ST CLINTON, IN47842			
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	<p>IV continues to infuse without difficulty; resident independent with bed mobility at this time; refused all 4 p.m. and 8 p.m. medications; and refused supper.</p> <p>Resident Progress Notes, dated 08/12/11 at 10 p.m., indicated the resident was found on the floor with head at the foot of bed and appears to have attempted to get up by self, resident lethargic, and no response. Vital signs indicated blood pressure 84/40, pulse 54, temp</p>						

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	<p>99.0, respirations 22, and oxygen sats of 94%. The notes indicated the physician was notified and orders received to place the resident back in bed and keep comfortable. The notes indicated the POA was notified.</p> <p>Additional Nursing Progress Notes, dated 08/12/11 at 10 p.m., indicated the resident was found on the floor on her right side, eyes open, and non-verbal. A contusion was noted under the resident's right</p>						

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	<p>side of chin measuring 2.0 x 2.5 cm. and purple in color. Two small drops of blood noted on floor under chin. Husband and physician notified of resident's condition. The physician stated the resident was hospice and dying, place her back in bed and make her comfortable. The nurse informed the physician she was not hospice, but orders remained the same. The notes indicated cyanosis was noted.</p> <p>Resident Progress Notes,</p>						



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	<p>dated 08/12/11 at 11:25 p.m., indicated the nurse walked into the resident's room to take vitals and found the resident without respirations or pulse and asked skilled nurse to verify with her. Further notes indicated the doctor was paged and orders were given to release the body.</p> <p>The facility's Incident Report with incident date of 08/12/11 at 11 p.m., indicated the resident was found on the floor beside her bed at approximately 10 p.m.,</p>						

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	lying on her right side with her arm underneath her head and her eyes open. The report indicated, "It should be noted that this was the resident's third stay at the facility and she had not had any previous falls. This resident had been at home on hospice at various intervals and until her hospitalization on 8/4/11, she was receiving hospice services at home. During this stay, she had been evaluated by PT, OT, ST, and RT. The resident did utilize her						

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	<p>call light when she needed assistance and had given no indication of attempted transfer or ambulation without staff assistance. Further, therapy had given no additional recommendations in regard to fall prevention interventions."</p> <p>The report indicated the resident received a 2.0 cm. x 2.5 cm. contusion under right side of chin with a small amount of bleeding. The resident was immediately assessed. The RN called the physician about</p>						

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	<p>sending the resident to the hospital for evaluation; however, the physician gave an order to assist the resident back into bed and keep her comfortable. The husband was called and notified of the fall with contusion. Neuro checks were initiated and were within normal limits. Interventions of placing the resident in a low bed and the application of an alarm were recommended and were implemented after the fall. Staff returned to again assess the status of</p>						

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	<p>the resident at 11 p.m., and the resident was found with no pulse and no respirations. The resident was a no code, thus heroic measures were not initiated. The physician and family were notified. The physician verbally stated that the resident's cause of death was Multi-Systems Failure.</p> <p>Interview with RN #1 on 08/29/11 at 3:22 p.m., indicated the resident had never attempted to get out of bed, was not in a low bed, but a hospice</p>						

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	bed with the head of the bed up and was end stage COPD. RN #1 indicated after they got the resident back in bed staff got a mat to put at bedside and put an alarm on her. RN #1 indicated she told the physician a couple of times she was not hospice this time she was admitted to the facility. RN #1 indicated her last call to the physician she told him again she was not hospice, but the physician said make her comfortable. RN #1 indicated she was not						

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	<p>aware of any previous falls.</p> <p>Interview with CNA #3 on 08/29/11 at 5:45 p.m., indicated when they went in to put the resident back to bed, she was changing colors, dark colored - purple face. CNA #3 indicated there was no mat on the floor and she did not recall an alarm. CNA #3 indicated the head of bed was up and the resident's breathing was different, like someone getting ready to die; the resident's eyes were open</p>						

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	<p>with a stare look; and the resident did not seem to be in any pain, looked like she was resting well.</p> <p>Interview with the physician on 08/29/11 at 3:50 p.m., indicated the resident had been going down hill since 3 p.m. and had been on hospice and was end stage in the disease process. The physician indicated he thought the resident had a stroke which was probably the cause of death and possibly the fall. The physician indicated the resident</p>						



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	<p>probably did not get enough oxygen to her brain.</p> <p>Interview with the Director of Nursing [DON] on 08/30/11 at 2:05 p.m., indicated Resident #B did not move, staff had to move her arms, and she didn't think she needed an alarm, mat, or anything to prevent falls as she had never attempted to get up on her own before.</p> <p>This federal tag is related to Complaint</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/23/2011

FORM APPROVED

OMB NO. 0938-0391

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